

XC-2 100 260

Reg. 118,504

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011857

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 661

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. CHARLES	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital		d. STREET ADDRESS (If outside, give location) 1809 N. 3rd Street	
3. NAME OF DECEASED (Type or print) First HANS Middle M Last LAURITZEN		4. DATE OF DEATH Month 3 Day 11 Year 59	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-24-95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 63
11. BIRTHPLACE (City and state or country) FIRMA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME PETER LAURITZEN		13b. MOTHER'S MAIDEN NAME MARY YAEGER	
14. NAME OF HUSBAND OR WIFE KATHERINE A.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	
16. SOCIAL SECURITY NO. 497 16 7798		17. INFORMANT VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO-PNEUMONIA MULTIPLE SCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PULMONARY EMBOLI PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 1 month 17 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 345X	
20c. TIME OF INJURY Hour 11:20 AM Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA Hosp. Jefferson Barracks, Mo.	
21. I attended the deceased from 3-15-55 to 3-11-59 and last saw him on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 11:20 AM		22a. SIGNATURE DR. WILLY OEPFLER, M.D.	
22b. ADDRESS VA Hosp. Jefferson Barracks, Mo.		22c. DATE SIGNED 3-11-59	
23a. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery		23b. LOCATION (City, town, or county) (State) St. Charles County, Mo.	
24. FUNERAL DIRECTOR H.C. Dollmeyer & Sons, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. 3-13-59	
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Frank B. Amador
Licensed Embalmer No. 483
P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.